



British Heart
Foundation
Cymru

How do we build back better?

The impact of the Covid-19 Pandemic
on cardiac services in Wales



Introduction

The Covid-19 pandemic has had an enormous impact on all aspects of life in Wales. However, nowhere has this impact been felt more acutely than the health and social care sector, and cardiology is no different. However, due to the limited nature of data collection and use in Wales, we do not have the full picture. BHF Cymru has developed this informational briefing to outline what we do know about the impact of Covid-19 on people with heart and circulatory diseases, and those at greater risk of developing these conditions.

In March 2021 Welsh Government published its Quality Statement for Heart Conditions. This statement reflects clinical and patient priorities to improve service delivery in Walesⁱ. For these ambitions to be realised, and for cardiac services to recover from the pandemic, it is vital that the clinical plan for heart disease is ambitious and accurately reflects the priorities laid out in the Quality Statement for Heart Conditions.

Detection and management of high-risk conditions

Early detection and management of the risk factors for heart and circulatory diseases is vital for preventing the onset of disease and can help people live longer, healthier lives. But too many people are still living with undiagnosed health conditions that significantly increase their risk of developing heart and circulatory conditions, such as high blood pressure, raised cholesterol, and atrial fibrillation (AF).

Without concerted efforts to identify and manage high blood pressure, raised cholesterol and AF, people with these risk factors will continue to be at higher risk of developing heart and circulatory diseases.

High-risk conditions are often asymptomatic, meaning they are typically picked up opportunistically as part of other aspects of routine care such as during visits to the GP. As many people were not visiting their GP during lockdown, there were likely fewer opportunities to diagnose high-risk conditions.

The Quality Statement for Heart Conditions reflects the importance of focussing on high-risk conditions. As part of recovery planning, implementing measures to improve detection and management of these conditions represents an opportunity to prevent heart diseases to support the people of Wales to live well for longer and remove some pressure from the NHSⁱⁱ.



Disruption to the whole patient pathway

According to Welsh Government's Technical Advisory Group, deaths from coronary heart disease were 4% lower than would normally be expected in the period March 2020 to January 2021ⁱⁱⁱ. Therefore, disruption to the patient pathway does not so far seem to have resulted in excess deaths attributable to heart disease in Wales. Instead, the pandemic has impacted patients through delayed and disrupted treatment. Elective services were suspended but urgent and emergency care continued, including treatment for heart attacks, arrhythmias, heart failure and urgent cardiac care. Decisions to cease some services were made based on staff capacity and a desire to decrease footfall in hospitals by reducing the number of outpatients.

Patients are waiting longer for diagnostic tests

Covid-19 has only highlighted existing barriers to early diagnosis of heart and circulatory diseases. Excess referrals from primary care and low diagnostic cardiac physiology staff numbers before and during the pandemic have further increased waiting times for patients waiting for cardiac testing in Wales.



Case Study: Mobile Echocardiograms in Betsi Cadwaladr University Health Board (UHB)^{iv}

In Betsi Cadwaladr UHB, the Community Cardiac Team took their Echo Diagnostic Clinics into the homes of patients referred for testing by GPs with suspected heart failure. This reduced outpatient footfall in hospitals whilst providing patients with vital diagnostic testing.

Diagnostic imaging services in Wales have been severely impacted by the pandemic. Over 12,000 patients were waiting for an echocardiogram at the end of April 2021, compared with 7,552 at the end of February 2020^v. The NHS in Wales has started to address this, and we are seeing increasingly shorter waiting lists, though not yet in line with pre-pandemic levels^{vi}. Clinicians are reporting that the main challenge in Wales is the length of time people are waiting, rather than the size of diagnostic waiting lists, which are reportedly manageable.



Case Study: Swansea Bay UHB Heart Failure Clinic

In Swansea Bay UHB, heart failure services were moved to a heart failure clinic at Gorseinon Community Hospital so that patients could continue to receive necessary face-to-face services. Patients benefitted from multi-disciplinary teams and improved services through a model of integrated primary and community care. The clinic made increased use of B-type natriuretic peptide (BNP) to triage patients. This resulted in improved access to echocardiograms, reduced time to diagnosis, and reported reduced re-admission and mortality. This also put heart failure patients at lower risk of contracting Covid-19 than they would have been attending Morriston Hospital.

Although the Welsh Government announced funding for diagnostic equipment in June 2021, the main barrier to early diagnosis is a shortage in the diagnostic workforce to operate this equipment. In cardiology, diagnostic testing is normally done by a cardiac physiologist and in Wales, there is a chronic shortage, with many health boards reliant on locums, which is expensive and unsustainable. The Heart Conditions Implementation Group (HCIG) are currently working with Health Education and Improvement Wales to try to address this, but the problems are long-standing and will require a nationally directed plan to expand the training offer and fill the workforce gaps. The recovery of diagnostic services in Wales, up to and beyond pre-Covid levels, relies on an increase in the number of cardiac physiologists working in Wales.

Patients are waiting longer for treatment

People who have been waiting for treatment have experienced delays. During the pandemic, the number of patients waiting over 36 weeks for cardiac surgery or procedures increased from 210 in January 2020 to 5,595 in November 2020. The NHS in Wales has started to address the length of time people are waiting for their treatment and at the end of April 2021 the number of people waiting over 36 weeks had reduced to 4,295. Although the NHS is working incredibly hard to reduce the amount of time patients are waiting for treatment, there are still delays. Therefore, patients should be offered support to wait well as a key part of NHS recovery in Wales^{vii}.



**Heart and circulatory
diseases still cause
1 in 4 deaths in Wales**



Case Study: Meeting Urgent Need in Aneurin Bevan UHB

Clinicians in Aneurin Bevan UHB have been assessing patients waiting for treatment based on their risk. This has resulted in improved waiting times for those patients most seriously at risk of severe illness or mortality.

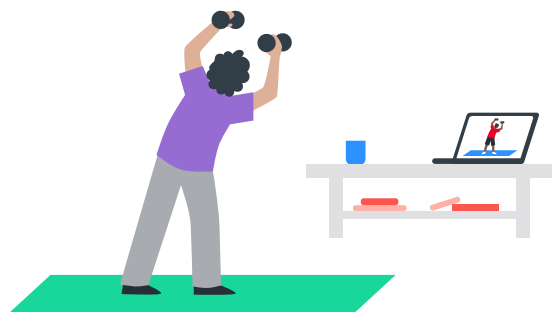
Cardiac rehab has changed

With the closure of venues, such as leisure centres and gyms, and the redeployment of cardiac specialist staff to Covid-19 wards, the delivery of cardiac rehabilitation in Wales has been dramatically impacted by the pandemic. Cardiac rehabilitation staff across Wales were unable to see their patients face to face until December 2020 and as such, began to provide services digitally. Although a digital programme is not appropriate for all patients, many clinicians have noted an increase in the uptake in cardiac rehab because of the digital offering.



Case Study: BHF's Cardiac Rehab at Home Hub^{viii}

The BHF Cardiac Rehab at Home Hub of information about exercising safely, health eating and medicines was set up to help patients continue with rehab while services were unavailable. The Hub is packed with physical exercises and information on accessing emotional support to provide a holistic online platform for rehab.



Cardiac rehabilitation services should be delivered through a more personalised, menu-based hybrid model with a face-to-face assessment followed by in-person rehabilitation or a digital programme where appropriate. Practitioners have expressed an interest in continuing to provide this 'menu-based' model of care for cardiac rehab patients with the aim of improving patient uptake and providing patients with a digital offering if deemed to be clinically appropriate^{ix}. A menu-based approach ensures accessibility and that the individual needs of patients are met, whether digital or face-to-face.

Building Back Better: The Future of Heart and Circulatory Diseases Services

1. Welsh Government through the Wales Cardiac Network should work to ensure that the clinical plan for heart disease is ambitious, fully funded, and accurately reflects the priorities laid out in the Quality Statement for Heart Conditions. These priorities must include:

- a. Improving detection and support to manage high-risk conditions.
- b. Reduction in variation of care through equitable access to All-Wales Cardiac Pathways, which provide patients across Wales with the best possible care. This will be reliant on adequate workforce provision, particularly in specialist nursing.
- c. Action to establish better collection, dissemination and use of data.

2. Welsh Government should work with the Heart Conditions Implementation Group and Health Education and Improvement Wales to address the gaps in the cardiac physiology workforce to improve diagnostic services.

3. The NHS in Wales should continue to provide a more personalised, 'menu-based' approach to cardiac rehab which must include both a face-to-face and digital offering of equal quality.

ⁱ Welsh Government, 'The Quality Statement for Heart Conditions', *Welsh Government*, 2021, <https://bit.ly/3jpHLEF> (accessed 30 June 2021).

ⁱⁱ BHF, 'Heart failure: a blueprint for change', *British Heart Foundation*, 2020, <https://bit.ly/3A9bPud> (accessed 30 June 2021).

ⁱⁱⁱ Welsh Government Technical Advisory Group, 'Examining Deaths in Wales Associated with COVID-19', *Welsh Government*, 2021, <https://bit.ly/362yf2i> (accessed 30 June 2021).

^{iv} Betsi Cadwaladr UHB, 'Mobile heart clinics continuing to provide vital care for patients during COVID-19', <https://bit.ly/3qzofqC> (accessed 30 June 2021).

^v Stats Wales, 'Diagnostic and Therapy Waiting Times by Week', *Welsh Government*, 2021, <https://bit.ly/2Tlvcix> (accessed 30 June 2021).

^{vi} Ibid.

^{vii} Stats Wales, 'NHS Hospital Waiting Times – referral to treatment', *Welsh Government*, 2021, <https://bit.ly/3xbjztB> (accessed 30 June 2021).

^{viii} BHF, 'Cardiac Rehab at Home', *British Heart Foundation*, 2020, <https://bit.ly/3xr3NLq> (accessed 7 July 2021).

^{ix} Hassan Al-Kaabi, 'COVID 19 has meant a new beginning for early Cardiac Rehabilitation', *North Gwent Cardiac Rehabilitation and Aftercare Charity*, <https://bit.ly/3hg4qjY> (accessed 30 June 2021).